

Summer Swim Program Health Information Form
(To be filled out by parent or guardian and returned with registration form)

Name _____

Age _____ Date of Birth _____ Phone _____

Address _____

Lesson Location Attending (Please check): ☐ Friendship Beach Lake ☐ Castle Rock Park Lake ☐ Arrowhead Park Lake

Last Level of Swimming Instructions **Completed** (please check):
☐ Preschool 1-3 ☐ Level 1 ☐ Level 2 ☐ Level 3
☐ Level 4 ☐ Level 5 ☐ Level 6

Check below any physical condition the instructors should know. (Reporting such conditions will not prevent the child from attending and will be kept confidential by the staff.)

☐ Heart Condition ☐ Diabetes ☐ Ear Infections ☐ Asthma ☐ Other (explain, use back of form)
☐ Convulsions ☐ Bee Stings, Kit Available (Yes or No) _____
Allergies, explain _____

Drug Allergies, list _____

Physical Handicaps and/or Special Needs, explain _____

Activities he or she should **not** participate in _____

Date of last medical exam _____

Polio: Date of last treatment _____ ☐ Salk ☐ Oral
Tetanus: Date of last treatment _____ ☐ Other(s) _____

My child, _____, has permission to attend the Summer Swim Program.

I understand if a serious illness or injury develops medical and/or hospital care will be given. However, the staff is not responsible in the case of accidental injury or illness. I further understand that in case of serious injury or illness we will be notified. If it is impossible to contact us, we give permission for emergency treatment or surgery as may be recommended by the attending physician.

Signature of Parent/Guardian _____ Date _____

Address _____

Primary Telephone # including area code in case of emergency ____ - ____ - ____ alternate # ____ - ____ - ____

Primary Contact, Name/Address: _____

Secondary # (if no one can be reached at the above ____ - ____ - ____ alternate # ____ - ____ - ____

Secondary Contact, Name/Address: _____